



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

physician's decision in the matter and immediately telephoned for him. He had visited my patient but twice during the ten days and had rather left things in my hands, as he was absorbed with typhoid fever work, travelling many miles each day to see patients. I waited, but he never came.

At the end of the second week, on the first day my patient sat up out of bed, the superintendent again visited us, informing me that if I did not take my patient home at once, she would bring typhoid cases up on the third floor, and "she would show me." Fearing for the safety of my patient, who would soon use the only toilet on the floor, knowing how few precautions were taken throughout the hospital against the spread of infection and being unable to get the doctor, I felt that it was my responsibility to protect the mother at whatever cost. Firmly I informed the superintendent that if she carried out her threat I would expose the lax conditions permitted in her hospital, to the nursing world. I said to her further that it was her obligation, since she had accepted my patient, not only to protect her against typhoid, but to shelter her until such time as she was strong enough to go home.

At the end of three weeks my patient was carried down stairs and journeyed home. Both she and the baby did very well, and the mother recovered health quickly after our return to the farm.

The reason for the intolerance so often found among nurses towards obstetrics is that they view it only from the standpoint of labor, they fail to see the marvelous work that can be done by exact and scientific method. The great evolution in obstetric care during the last thirty years, has only been made possible through the advent of the trained nurse. She has been the doctors' greatest aid in the wonderful work that has been done in the prevention of puerperal sepsis.

Obstetrics is a laborious specialty, but it yields unusual compensations. Surely it should not be robbed of its ideals, but should be given its proper and by no means inferior place in the category of nursing.

HOSPITAL SERVICE DURING A NAVAL BATTLE

By ERNEST FRITZ HOYER

New York, N. Y.

Upon opening the papers in the morning and reading about a great naval fight or battle, or say battles, where two hundred ships are gradually shot to pieces in a couple of hours, I wonder if any of the readers ever imagine what the surgeons and hospital stewards are doing during the battle.

I will try to the best of my ability to tell of what does happen but neither pen nor words can really describe the awful carnage, the almost super-human task of relieving the wounded on the small deck, usually below water line, during a naval battle.

A sea battle, we can scarcely call it any more, a sea fight, at the present time, with five to ten super-dreadnoughts and battle cruisers, each of them bearing from seven hundred to one thousand men (human material), means under all circumstances a frightful loss of life on a small battle ground. The greatest loss of human life, during the present war, has been on account of torpedoes or mine explosives which come in naval surgery under the heading Indirect Wounds and Injuries or, as the layman would call them, Tear and crush wounds on account of explosives. The next type of injury is caused by shrapnel and steel projectiles and then follow injuries caused by poisonous gases, burning and scalding and finally the injury common to all gunners, the injury of the inner ear, causing deafness and internal bleeding, sometimes death.

The crew on the outer decks, gun turrets, fighting masts and bridge are, of course, the most exposed but above all, barring out the statistics of the Spanish War, the Japanese-Russian, and the present war, the enormous loss of officers on a battleship is the most lamentable. Whole gun crews have been wiped out with one shot, being, of course, immediately replaced. Great parts of the upper deck are nothing but a mass of tangled steel and yet down below the water line, especially fitted for a spacious operating room, are two or three surgeons and a handful of hospital stewards working under a strain, and hastily, as nobody can imagine but those who have been through it. The operating tables are strapped to the floor, bandages, drugs, surgical material, are in abundance and canvas stretchers are hoisted to the fighting decks. Everybody on board knows exactly his place in battle, also the passages to the hospital base. Almost in his sleep would a sailor find his way to the hospital without crossing or obstructing ammunition passages, as it has been rehearsed often enough. Each man carries in his clothes, easily accessible, a little package of field supplies consisting of two small cotton bandages, sterile gauze, cotton for the ears and, for the gunners' mouths, bandages against poisonous gases.

Let us assume that the enemy has been sighted; the ship has been equipped for action and every department of that great swimming fortress is ready to the most minute detail. Suddenly a great gun roars her horrid battle-song and soon, perhaps too soon, sends the foe her steel greeting, and then the blood begins to flow freely. The first wounded are carried below, each gun crew has a stretcher, (a small

canvas in an iron frame or those ideal transport hammocks) and soon a steady stream slowly glides down to the ambulance decks. The junior surgeon receives the injured, a few minutes are necessary to specialize the injury, and he then fills out the injury tag. On it are clear directions as to injury and treatment. The color of these tags is as a rule, red, if serious, blue, if minor wounds. Experience has taught that many a life has been saved owing to these tags, as mistakes are almost impossible after the patient has passed from the surgeon's hands to the only slightly-trained ambulance corps, consisting of chaplain, pay-masters, barbers, musicians, etc. Every wounded man carried below receives, without exception, a single dose of morphine. There is no time for a thorough examination, wounds are painted with tincture of iodine and dressed with sterile gauze. The bandages stay as long as possible to prevent infection. Foreign bodies, shrapnel, splinters, wood, pieces of cloth, are removed, but deep probing is out of the question. Small stitches for minimizing wounds are allowed, all spurting arteries are, of course, attended to, fractures are set with splints, especially those of the femur, as very often life or death depends upon the setting of them. As long as there is electric light, ether is used; later on, by open light, chloroform. All minor operations have to be done under either cocaine, or stovain.

Immediately after the battle all patients who can be moved without further injury are brought upstairs and given as much fresh air and daylight as possible. The ship goes by a fast route to the next hospital base, transferring all the wounded to the hospital ship. The ship then, if still in fighting condition, is cleaned and disinfected, fresh surgical supplies, beside others, are shipped and it is again ready for the next battle.

In closing, I would like to recall the words of an old naval surgeon whose practical demonstrations to his hospital stewards and nurses were worth more than ten sermons: "Boys, if the upper deck has reached the water line, stop attending to your duties, jump! but I am afraid that none of us will be in time to jump." Yes, the captain, the hospital staff and the sailors, as a rule, go down on duty. Their labor is done only after the ship has gone below.